6 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 7 1939

R-0102

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30195

Registration District No. 784 Primary Registration District No. 2003 Registrar's No. 1517

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County St. Louis 2
(b) City or town ~~Carondelet~~ Lemay Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 400 Kayser
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Twenty years (Specify whether years, months or days) 213

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town ~~St. Louis~~ Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 400 Kayser
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 years

3. (a) PRINT FULL NAME William Julius Strottmann

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive years

7. Birth date of deceased july (Month) 9 (Day) 1867 (Year)

8. AGE: Years 72 Months 1 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation none 6

11. Industry or business none

FATHER
12. Name Fredrick Strottmann 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mrs. Peter Kemper
(b) Address Mehlville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 28/39 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Luthern

18. (a) Signature of funeral director Fendler Und. Co/
(b) Address 7420 Michigan Ave.

19. (a) AUG 26 1939 (Date received local registrar) (b) G. R. Meyer M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 25 year 1939 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from august 23, 1939, to aug 25 1939; that I last saw him alive on aug 25, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration

Due to 9 yr

Due to

Other conditions Influenza
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature J. G. White (M.D. or other)
Address 238 Lemay Ferry Rd Date signed 8-26-39
St Louis Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Oliver Fendler, Registered Apprentice No. 186 working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comph the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.